

MEAL COUNT (WEEKLY CONSOLIDATED)					Attachment 20			
					ADDRESS AND PHONE NUMBER:			
SITE SUPERVISOR:					WEEK OF:			
MEAL TYPE: (CIRCLE) B L SN SU	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL FOR WEEK
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								
REMARKS:					SIGNATURE OF SITE SUPERVISOR:			

Instructions for Meal Count Form (Weekly/Consolidated)

1. Use this form to consolidate daily meal count information (see Attachment 21).
2. Use a separate consolidated meal count form for each meal type.
3. Information for Items 1 – 9 should be transferred directly from the Daily Meal Count Form for the week.
4. Information for Item 10, Money Collected/To Be Collected For Adult Meals, is not collected on the Daily Meal Count Form.
5. When completed, this form must be signed and dated by the Site Supervisor.